...OPAYMENT CHARGES APPLIED TO INDIVIDUALS COVERED AS CATEGORICALLY NEEDY UNDER THE PLAN

A. Copayment charges apply to all covered services except those specified in Section ...3 and the following:

1. Laboratory services.

2. The professional component of diagnostic radiology, nuclear medicine, radiation ...rapy and medical diagnostic services, when the professional component is billed ...arately from the technical component.

3. Services furnished or authorized by a health insuring organization (HIO), ...suant to 42 CFR Part 434.

4 Services furnished by a home health agency.

5. Services furnished by a psychiatric partial hospitalization program.

6. Drugs, including immunizations, dispensed by a physician.

7. Specific drugs identified by the department in the following categories:

(a) Antihypertensive agents

(b) Antidiabetic agents

(c) Anticonvulsants

(d) Cardiovascular preparations

(e) Antipsychotic agents

(f) Antineoplastic agents

(g) Antiglaucoma agents

(h) Anti-Parkinsonian agents

8. Specific ostomy supplies.

9. Specific oxygen services.

10. Blood and blood products.

11. Rental of durable medical equipment.

12. Outpatient services when the medical assistance fee is under $2.00.

13. Medical examinations when requested by the department.

14. Screenings provided under the Early and Periodic Screening, Diagnosis and ...eatment (EPSDT) program.

B. All charges are in the nature of nominal copayments paid by recipients to providers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

| Service | Type of Service Deduct. | Coins. | Copay. | Amount and Basis for Determination |
|---|---|---|---|---|
| 15. more than one of a specific series of allergy tests provided in a 24 hour period | | | none | |
| 16. birth center | | | none | |
| 17. renal dialysis | | | none | |
| 18. targeted case management services | | | none | |
| The following covered services have a recipient copayment charge | | | | |
| 1. pharmacy services, drugs and over-the-counter medications | | | X | $.50 per prescription and $.50 per refill |
| 2. psychotherapy | | | X | $.50 per 1/2 hour of service |
| 3. inpatient hospital services provided in a general hospital, a rehabilitation hospital or a private psychiatric hospital | | | X | $3.00 per covered day of inpatient care to an amount not to exceed $21 per admission |
| 4. the total component or only the technical component of the following services<br>(A) Diagnostic radiology<br>(B) Nuclear medicine<br>(C) Radiation therapy<br>(D) Medical diagnostic services | | | X | $1.00 |
| 5. all other covered services | | | X | Nominal as set forth in 42 CFR 447.54(a)(3) based on the State fee for the service |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: PENNSYLVANIA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

| Service | Type of Service | | | Amount and Basis for Determination |
|---|---|---|---|---|
| | Deduct. | Coins. | Copay. | |
| 15. more than one of a specific series of allergy tests provided in a 24 hour period | | | none | |
| 16. birth center | | | none | |
| 17. renal dialysis | | | none | |
| 18. targeted case management services | | | none | |
| The following covered services have a recipient copayment charge | | | | |
| 1. pharmacy services, drugs and over-the-counter medications | | | X | $1.00 per prescription and $1.00 per refill. The amount of the copayment is based upon the average cost of legend and non-legend drugs which is now $18.00 per prescription. |
| 2. psychotherapy | | | X | $0.50 per 1/2 hour of service |
| 3. inpatient hospital services provided in a general hospital, a rehabilitation hospital or a private psychiatric hospital | | | X | $3.00 per covered day of inpatient care to an amount not to exceed $21 per admission |
| 4. the total component or only the technical component of the following services<br>(A) Diagnostic radiology<br>(B) Nuclear medicine<br>(C) Radiation therapy<br>(D) Medical diagnostic services | | | X | $1.00 |
| 5. all other covered services | | | X | Nominal as set forth in 42 CFR 447.54(a)(3) based on the State fee for the service |

COPAYMENT CHARGES APPLIED TO INDIVIDUALS COVERED AS CATEGORICALLY NEEDY UNDER THE PLAN

C. The amount of the copayment, which is to be paid to providers by recipients and hich is deducted from the Commonwealth's Medical Assistance fee to providers for each ervice is as follows:

1. For drugs and over-the-counter medications, the copayment is $.50 per prescription and $.50 per refill.

* ~~2. For all psychotherapy services provided in an outpatient drug and alcohol clinic or an outpatient psychiatric clinic, the copayment is $.50 per unit of service.~~

3. For inpatient hospital services, provided in a general hospital, rehabilitation hospital or private psychiatric hospital, the copayment is $3.00 per covered day of inpatient care, to an amount not to exceed $21.00 per admission.

4. For non-emergency services provided in a hospital emergency room, the copayment on the hospital support component is double the amount shown in paragraph 5, if an approved waiver exists from the U. S. Department of Health and Human Services. If an approved waiver does not exist, the copayment will follow the schedule shown in paragraph 5.

5. When the total component or only the technical component of the following services are billed, the copayment is $1.00: diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services.

6. For all other services, the amount of the copayment is based on the Medical Assistance fee for the service, using the following schedule:

(a) If the Medical Assistance fee is $2.00 through $10.00, the copayment is $.50.

(b) If the Medical Assistance fee is $10.01 through $25, the copayment is $1.00.

(c) If the Medical Assistance fee is $25.01 through $50, the copayment is $2.00.

(d) If the Medical Assistance fee is $50.01 or more, the copayment is $3.00.

7. When a recipient is covered by a third party resource and the provider is eligible for an additional payment by Medical Assistance, the copayment required of the recipient may not exceed the amount of the Medical Assistance payment for the item or service.

* ~~D. The Department calculates the amount of copayments paid by a recipient and reimburses the recipient for copayments in excess of $90.00 in a 6 month period. this calculation is based on invoices paid by the Medical Assistance Program and adjudicated between January through June and July through December of each year, which verify that the recipient~~ paid the copayment.

* Disapproved per Carolyn Davis letter of 3-7-85

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

| Service | Type Charge Deduct. | Coins. | Copay. | Amount and Basis for Determination |
|---|---|---|---|---|
| The following covered services are exempt from recipient copayment charges: | | | | |
| 1. laboratory services | | | none | |
| 2. the professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services when billed separately from the technical component. | | | none | |
| 3. services furnished or authorized by a health insuring organization pursuant to 42 CFR part 434 | | | none | |
| 4. services furnished by a home health agency | | | none | |
| 5. services furnished by a psychiatric partial hospitalization program | | | none | |
| 6. drugs, including immunizations, dispensed by a physician | | | none | |

Cont'd

evision:



State Plan Under Title XIX of The Social Security Act

State: Pennsylvania

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a) (1) through (5) and (7) of the Act:

| Service | Type of Charge | | | Amount and Basis for Determination |
|---|---|---|---|---|
| | Deduct. | Coins. | Copay | |
| 7. specific drugs identified by the Department in the following categories: | | | none | |
| (A) antihypertensive agents | | | | |
| (B) antidiabetic agents | | | | |
| (C) anticonvulsants | | | | |
| (D) cardiovascular preparations | | | | |
| (E) antipsychotic agents | | | | |
| (F) antineoplastic agents | | | | |
| (G) antiglaucoma agents | | | | |
| (H) anti-Parkinson | | | | |
| (I) HIV/AIDS specific drugs | | | | |
| 8. rental of durable medical equipment | | | none | |
| 9. outpatient services when the medical assistance fee is under $2.00 | | | none | |
| 10. blood and blood products | | | none | |
| 11. ostomy supplies | | | none | |
| 12. oxygen | | | none | |
| 13. medical examinations when requested by the Department | | | none | |
| 14. screenings provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program | | | none | |

TN No. 92-28
Supersedes
TN No. 85-20

JAN 25 1993 Effective Date ____
Approval Date ____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

B. The method used to collect cost sharing charges for categorically needy individuals:

/Y/ Providers are responsible for collecting the cost sharing charges from individuals.

/ / The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

The provider must accept the recipient's statement that he or she is unable to pay unless the provider has creditable evidence that the recipient is able to pay but refuses.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

Exclusions from cost sharing requirements are programmed into the federally-approved automated claims processing system.

Copayment requirements are set forth in Medical Assistance regulations (55 Pa. Code 1101, General Provisions) which are distributed to all providers. Violations of these requirements are subject to penalties set forth in Section 1101 for violating Medical Assistance regulations.

The billing instructions were originally transmitted to providers via Medical Assistance bulletins. These instructions have been incorporated in the billing instructions section of the provider handbooks which are given to all providers.

E. Cumulative maximums on charges:

/_/ State policy does not provide for cumulative maximums.

/X/ Cumulative maximums have been established as described below:

The Department calculates the amount of copayments paid by a recipient and reimburses the recipient for copayments in excess of $90.00 in a 6-month period. This calculation is based on invoices paid by the Medical Assistance Program and adjudicated between January through June and July through December of each year, which verify that the recipient paid the copayment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. The following charges are imposed on the medically needy for services:

| Service | Type of Charge Deduct. | Coins. | Copay. | Amount and Basis for Determination |
|---|---|---|---|---|
| The following covered services are exempt from recipient copayment charges: | | | | |
| 1. laboratory services | | | none | |
| 2. the professional component of diagnostic radiology, nuclear medicine, radiation therapy and medical diagnostic services when billed separately from the technical component. | | | none | |
| 3. services furnished or authorized by a health insuring organization pursuant to 42 CFR part 434 | | | none | |
| 4. services furnished by a home health agency | | | none | |
| 5. services furnished by a psychiatric partial hospitalization program | | | none | |
| 6. drugs, including immunizations, dispensed by a physician | | | none | |
| 7. blood and blood products | | | none | |
| 8. screenings provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program | | | none | |
| | | | none | |
| | ogram | | | |

TN No. 85-20
Supersedes TN No. 85-17

Approval Date 2/6

Effective Date SEP 01 1984

HCFA ID: 0053C/0061E